



**Youth Neighborhood Association Partnership Program**

**Neighborhood Youth Serving the Community**

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# **GRANT APPLICATION**

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*Youth Led Service Learning Projects*

Grant Application Due Date: **October 25, 2010**

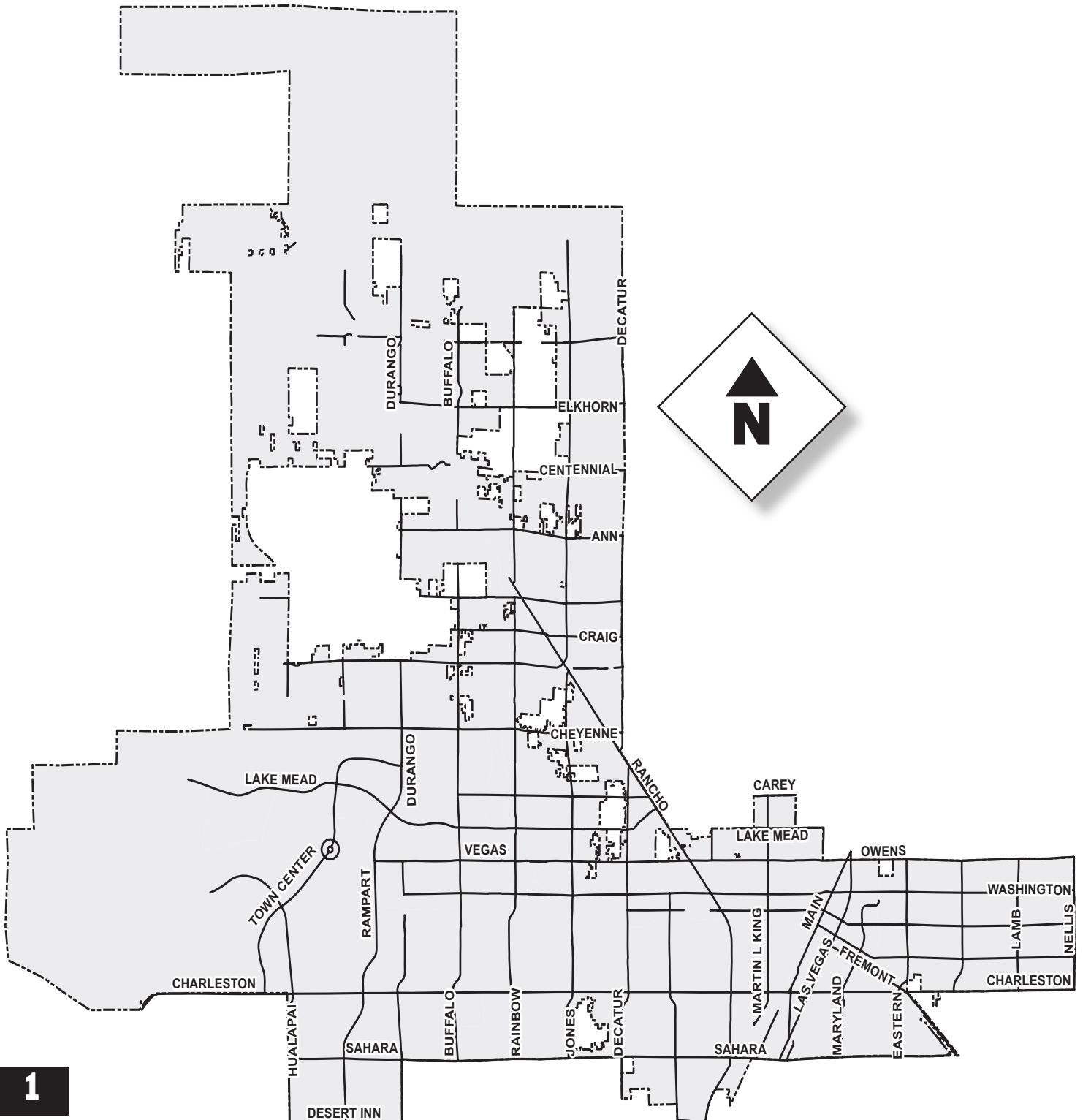
**City of Las Vegas**  
**Neighborhood Services Department**  
**Neighborhood Initiatives Division**

*Submission of complete application does not guarantee funding. YNAPP will select a wide range of diverse projects. Please read guidelines carefully before submitting proposal. All projects must be within the city of Las Vegas city limits. (See enclosed map)*

# City of Las Vegas

## Corporate Limits Map

*If you have any questions about the location of your project, please contact Lisa Campbell, YNAPP Coordinator at 229-5406.*



## Section 1: Applicant Information

- A. Name of Group/Organization: \_\_\_\_\_  
Number of youth that will participate in project \_\_\_\_\_ Age range of youth \_\_\_\_\_
- B. Describe your group/organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Youth Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Age \_\_\_\_\_  
Email \_\_\_\_\_
- D. Adult Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Age \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Section 2: Describe Your Project

- E. Name of Project: \_\_\_\_\_
- F. Describe the project (attach additional paper if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- G. Where is your project location? \_\_\_\_\_
- H. Do you have permission from the owners of this location? ☐ Yes ☐ No  
(include a copy of your written permission from the property owners)
- I. Are there special permission slips, permits, or insurance coverage, etc. needed for this project? ☐ Yes ☐ No  
(attach a copy of the applicable documents)  
If so, please explain. \_\_\_\_\_

## Section 3: Helping Your Neighborhood

- J. How will your project help your neighborhood? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. Who is your project serving? (Please check as many boxes that apply.)

☐ Young children (0-11)

☐ Elderly

☐ Other youth (12-18)

☐ People who are ill

☐ Disabled

☐ Low income families

☐ The environment

☐ Homeless people

☐ Whole neighborhood

☐ Other: \_\_\_\_\_

L. Write a detailed explanation of how each of the groups selected in Item K will be served by your project.

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M. Approximately how many people will receive service through this project? \_\_\_\_\_

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## Section 4: Youth Leadership

N. How were youth involved in planning this project? \_\_\_\_\_

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## Section 5: Service Learning

O. What do you think your group will learn about the community from this project? \_\_\_\_\_

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## Section 7.a: Money, Money, Money

## R. Overall Project Budget Worksheet

[illegible]

## Section 7.b: Volunteer Labor

### S. Volunteers and time

[illegible]

## TOTAL ESTIMATED VOLUNTEER HOURS

X \$20.85 per hour

**TOTAL ESTIMATED DOLLAR VALUE**

## Section 7.c: Funding Match

### T. Funding

TOTAL VOLUNTEER LABOR	
TOTAL DONATED SUPPLIES / MATERIALS	
TOTAL CASH DONATIONS	
GRAND TOTAL MATCH*	

*\*The amount of your Grand Total Match should equal or exceed the total amount of your YNAPP Grant Request.*



## Section 8: Certification Page

Who will oversee the use of funds / donations?

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Name (please print)

Signature

Date

The undersigned adult leader, youth leader and representative of sponsoring organization (if applicable) hereby attest to the fact that this project proposal was initiated and prepared by youth and that this project will be planned and carried out by youth.

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Youth Project Leader (please print)

Signature

Date

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Adult Project Leader (please print)

Signature

Date

### ***The Fine Print***

*The undersigned certifies that the information in this application is true and complete and has been provided for the purpose of obtaining financial assistance from the city of Las Vegas for the project described. The city of Las Vegas and all YNAPP grants, awards and project participants must comply with all Federal Statutes relating to nondiscrimination. This includes, but is not limited to, prohibition on the basis of age, race, sex, color, national origin, or disability. The undersigned further certifies that:*

- 1. All information contained is accurate, contains no mis-statements or misrepresentations, and represents a reasonable estimate of operation based on data available at the time of the application;*
- 2. The sponsoring / partnering organization assumes responsibility for liability;*
- 3. All groups and /or organizations involved with this project will comply with all the Civil Rights and American Disabilities Act (ADA) Regulations summarized above and with other city of Las Vegas guidelines.*

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Youth Project Leader (please print)

Signature

Date

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Adult Project Leader (please print)

Signature

Date





## **Application Checklist**

- ☒ Do you have written permission from the owner of the property where you plan to do your project?
- ☒ Is your project located within the city of Las Vegas limits?
- ☒ Are your vendors licensed with the city of Las Vegas?
- ☒ Did you double check the math on your budget?
- ☒ Did the Adult and the Youth Project Team Leaders sign the grant application?